# **TOWN OF EASTON, MARYLAND** AFFORDABLE HOUSING PROGRAM SINGLE FAMILY SPECIAL LOAN PROGRAM - RENOVATION

14 SOUTH HARRISON STREET | EASTON MARYLAND 21601

410-820-2525 | www.EastonMD.gov



### **SINGLE FAMILY RENOVATION PROGRAM APPLICATION**

Property Street Address				
City County				)
Name(s) on Property Title:				
ear Built				
Describe improvements to be made				
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~		,~~~~~	~~~~~~~~
To Be Completed A	After Application H	as Been Accepted		
Preferred Contractor				
Amount Estimated to borrow/be granted: _				
Proposed Timeline for Project Completion:				
For Internal Use:				
Date Application Received:	Dat	e Reviewed by Comm	nittee:	
Staff Initial:	Am	ount Awarded:		
Loan Repayment Schedule:				

# **BORROWER INFORMATION**

Name			Age
Present Street Addre	PSS		
City			Zip
No. Years	Own Property	Marital Status ( ) Ma	arried ( ) Separated ( ) Unmarried
Dependents other th			
Name and Address o	f Employer:		
Years on this job:	yrs. ( ) self-employed - Ty		
			·
	CO-BO	RROWER INFORMATIO	<u>N</u>
Name:			Age:
	SS		
City		State	Zip
			rried ( ) Separated ( ) Unmarried
Dependents other th	an listed by borrower: No	Ages:	
Name and Address o	f Employer:		
Years on this job:	yrs. ( ) self-employed: Typ		
			:
		INSURANCE INFO:	
Property Insurance C	company		
			ration Date:
			ıt's Phone No.:
	flood plain? ( ) yes ( ) no:		
Flood Insurance (if a	oplicable): Insurance Policy No.:		Expiration Date:
			one No

# **GROSS MONTHLY INCOME**

ITEM	BORROWER	Co-BORROWER	TOTAL
Base Income	\$	\$	\$
Overtime	\$	\$	\$
Pensions, Social Security, Annuity	\$	\$	\$
Alimony, Child Support	\$	\$	\$
Net Rental Income	\$	\$	\$
Other	\$	\$	\$
Total	\$	\$	\$

Last Edited 10/01/19

Describe other income of <b>all persons</b> 18 years	<b>Monthly Income</b>	<u>Source</u>
Or older residing in Borrower's household.		
	\$	
	\$	
	\$	
	\$	

# **MONTHLY HOUSING EXPENSE**

Item	Amount
First Mortgage (P & I)	\$
Other Mortgages (P & I)	\$
Home owners Insurance	\$
Real Estate Taxes	\$
Mortgage Insurance	\$
Homeowner Association Dues	\$
Other	\$
Total Monthly Payment	\$

	Borrower	Co-Borrower
Do you have any outstanding judgments?	()YES ()NO	()YES ()NO
Have you declared bankruptcy in the last seven years?	()YES ()NO	()YES ()NO
Has there been any effort to foreclose on your property?	()YES ()NO	()YES ()NO

If you answered yes to any of the above questions, please attach and explanation.

# PERSONAL DEBT HISTORY

# **ASSETS**

Description	Value
Checking & Savings Account w/ Name of Institution	\$
[Must supply current checking & savings statements, 2 months]	
Retirement Accounts, IRA's, 401K's	\$
Real Estate owned or co-owned (other than primary residence)	\$
Automobiles – Make & Year	\$
Other Assets	\$
Total Assets	\$

# **LIABILITIES**

Creditors (Name & Address)	Monthly Payment
Installment Debts:	\$
	\$
	\$
	\$
Automobile Loans	\$
Real Estate Loans	\$
Other Debts	\$
Alimony, Child Support, Etc. Paid to:	\$
Total Monthly Payment	\$

#### **NOTICES**

The Town of Easton advises you as follows regarding the collection of personal information:

The information requested by the Town of Easton (the "Town") is necessary in determining your eligibility for a Special Loan Programs loan. Your failure to disclose this information may result in the denial of your application for a loan. Availability of this information for public inspection is governed by the provisions of the Maryland Public Information Act, State Government Article, Sections 10-611 et. Seq. of the Annotated Code of Maryland. This information will be disclosed to appropriate staff of the Town for purposes directly connected with administration of the loan and the loan program. Such information is not routinely shared with state, federal or local government agencies, but would be made available to the extent consistent with the Maryland Public Information Act.

I/We authorize the Program or its agent to obtain credit information for the purpose of evaluating this application and disclose this same information to local agencies participating in the Program and/or a private lending institution agreeing to participate in the loan.

hereby certify under oath that the information contained in this Single-Family Renovation Program Applications true to the best of my knowledge, information and belief.						
Borrower's Signature	Date	Co-Borrower's Signature	 Date			

#### TOWN OF EASTON MARYLAND AFFORDABLE HOUSING PROGRAM

#### **SINGLE FAMILY HOUSING**

Lead-based Paint Notification Receipt for Owner-Occupant Homeowners

For our records, please acknowledge the receipt of the brochure "Protect Your Family from Lead in Your Home" by signing below. This brochure explains the hazards of lead-based paint and offers suggestions for reducing and preventing lead poisoning.

rinted	Name	Signature	Date	
rinted	Name	Signature	 Date	
Address	s of Property			
		_		e is the potential it may have lead-based paint. If you
MDE) a f you h o prov he haz	at 410-631-3859. Loc nave lead-based pain ide financing for the nards of lead-based p	al Town of Easton Coo t in your home the Ma cost of lead hazard re aint, please contact S	de Enforcement contact informateryland Department of Housing duction activities. If you would pecial Loan Programs (SLP) at 1-	and Community Development (DHCD) may be able like more information about financing for reducing
MDE) a f you h o prov he haz	at 410-631-3859. Loc nave lead-based pain ide financing for the nards of lead-based p	t in your home the Ma cost of lead hazard re aint, please contact S	de Enforcement contact informateryland Department of Housing duction activities. If you would pecial Loan Programs (SLP) at 1-	ation is 410-822-2525.  and Community Development (DHCD) may be able like more information about financing for reducing -800-492-7127.
MDE) a f you h o prov he haz Answer vork is	at 410-631-3859. Localized pain ide financing for the ards of lead-based pain ing the questions be performed on your	t in your home the Macost of lead hazard relaint, please contact Selow will help us comphome.	de Enforcement contact informateryland Department of Housing duction activities. If you would pecial Loan Programs (SLP) at 1-	and Community Development (DHCD) may be able like more information about financing for reducing -800-492-7127.  Ons concerning lead-based paint if rehabilitation
MDE) a f you h o prov he haz Answer vork is	at 410-631-3859. Localized pain ide financing for the ards of lead-based pain ing the questions be performed on your	t in your home the Macost of lead hazard reaint, please contact Selow will help us comphome.	de Enforcement contact informations aryland Department of Housing duction activities. If you would pecial Loan Programs (SLP) at 1-bly with existing federal regulations.	and Community Development (DHCD) may be able like more information about financing for reducing -800-492-7127.  Ons concerning lead-based paint if rehabilitation
f you ho prove he haz  Answer vork is	at 410-631-3859. Local lawe lead-based pain ide financing for the lards of lead-based parting the questions be performed on your  Was this house bui	t in your home the Macost of lead hazard relaint, please contact Selow will help us comphome.  It before 1978? Yes under the age of 6 ye	de Enforcement contact informations aryland Department of Housing Eduction activities. If you would pecial Loan Programs (SLP) at 1-bly with existing federal regulation	and Community Development (DHCD) may be able like more information about financing for reducing -800-492-7127.  Jons concerning lead-based paint if rehabilitation
f you ho prove he haz  Answer vork is	at 410-631-3859. Local ave lead-based pain ide financing for the lards of lead-based paring the questions be performed on your  Was this house bui  Number of children	t in your home the Macost of lead hazard relaint, please contact Selow will help us comphome.  It before 1978? Yes	de Enforcement contact information and Department of Housing Eduction activities. If you would pecial Loan Programs (SLP) at 1-bly with existing federal regulation	and Community Development (DHCD) may be able like more information about financing for reducing -800-492-7127.  Jons concerning lead-based paint if rehabilitation
MDE) a f you h o prov he haz  Answer vork is  1. 2.	at 410-631-3859. Local ave lead-based pain ide financing for the lards of lead-based paring the questions be performed on your  Was this house bui  Number of children	t in your home the Macost of lead hazard relaint, please contact Splow will help us comphome.  It before 1978? Yes under the age of 6 year under	de Enforcement contact information and Department of Housing Eduction activities. If you would pecial Loan Programs (SLP) at 1-bly with existing federal regulation	and Community Development (DHCD) may be able like more information about financing for reducing -800-492-7127.  Jons concerning lead-based paint if rehabilitation
MDE) a f you h o prov he haz  Answer vork is  1. 2.	at 410-631-3859. Localized lead-based pain ide financing for the tards of lead-based paring the questions be performed on your  Was this house bui Number of children Number of Children week in the house:	t in your home the Macost of lead hazard relaint, please contact Splow will help us comphome.  It before 1978? Yes under the age of 6 year under	de Enforcement contact informatic aryland Department of Housing duction activities. If you would pecial Loan Programs (SLP) at 1-bly with existing federal regulation.  No Do Not know ars old living in the household:  Ages of those children: ars old who do not live in the household.	and Community Development (DHCD) may be able like more information about financing for reducing -800-492-7127.  Sons concerning lead-based paint if rehabilitation  Dusehold, but who spend more than 10 hours per
MDE) a f you h o prov he haz  Answer vork is  1. 2.	at 410-631-3859. Localized pain ide financing for the ards of lead-based paring the questions be performed on your  Was this house bui Number of childrer  Number of Childrer week in the house:  Number	t in your home the Macost of lead hazard reaint, please contact Splow will help us comphome.  It before 1978? Yes under the age of 6 year under	de Enforcement contact informatical aryland Department of Housing Eduction activities. If you would pecial Loan Programs (SLP) at 1-bly with existing federal regulation.  No Do Not know ars old living in the household:  Ages of those children: bars old who do not live in the household.  Ages of those children: bars old who do not live in the household.	and Community Development (DHCD) may be able like more information about financing for reducing -800-492-7127.  Sons concerning lead-based paint if rehabilitation  Dusehold, but who spend more than 10 hours per

# TOWN OF EASTON MARYLAND AFFORDABLE HOUSING PROGRAM SINGLE FAMILY HOUSING – RENOVATION PROGRAM EMPLOYMENT VERIFICATION

		Program			Case Number	Da	te
TO:	Employer's Name	e & Address		FRO	DM: Applicant's Nan	ne & Address	
PROGRAM and h	ave given your na	hrough the TOWN OF E me as an employment I iis request and return d	reference	. I auth	orize you to furnish Filbird 14 S. HA	any informatior	
						X 520SS N, MARYLAND 2	1601
Thank you for yo	ur cooperation an	d assistance.					
				App	olicant's Signature		
DATES OF EMP	LOYMENT			TITLE C	OR POSITION		
FROM:	TO:						
		· /DIFACE ALCO COMBU	ETE CALAI	DV INICO	DAMATION DELOVA		
REASON FOR LE		: (PLEASE ALSO COMPLI	ETE SALAI	RY INFO	RMATION BELOW)		
WOULD YOU RI		ΛENTS:					
IE PRESENTI V EN	1PLOYED BY YOU:						
	OF CONTINUED EN	MPLOYMENT	PROB	ABLILIT	Y OF PAY INCREASE		
STABILITY. IS PO	OSITION NORMALI	LY SUBJECT TO	IF SO,	, WHAT	IS AVERAGE NUMB	ER OF MONTHS	WORKED PER YEAR?
COMMENTS:							
Base Pay \$	[ ] Per Week [ ] Bi-Week [ ] Bi-Month	Other Earnings During Last 12 Months	Overtime	e	Commissions	Bonus	Profit sharing
EARNINGS LAST	Γ CALENDAR YEAR				Base Pay	Other Earni	ngs
EARNINGS YEA	R TO DATE AS OF _				\$ Base Pay	\$ Other Earni	ngs
OTHER PAY OR	COMPENSATION	NOT SPECIFIED ABOVE			\$	\$	
COMPLETED BY			TIT! C				
COMPLETED BY			!!!LE_			DATE	

# TOWN OF EASTON MARYLAND AFFORDABLE HOUSING PROGRAM SINGLE FAMILY HOUSING – RENOVATION PROGRAM EMPLOYMENT VERIFICATION

		Program		Case Number	Date	2
				1		-
TO:	Employer's Name	e & Address		FROM: Applicant's Nan	ne & Address	
l have	applied for a loan t	hrough the TOWN OF E	ASTON AFFO	_  RDABLE HOUSING PROC	GRAM – SINGLE F	AMILY RENOVATIO
ROGRAM and	have given your na	me as an employment i	reference. I a	uthorize you to furnish		
omplete the b	ottom portion of th	is request and return d	irectly to: <b>Su</b> s		ARRISON ST.	
					X 520SS	
hank vou for v	our cooperation an	d assistance.		EASTON	I, MARYLAND 21	601
	our ocoperation un					
				Applicant's Signature		
DATES OF EMI	PLOYMENT		TIT	LE OR POSITION		
FROM:	TO:					
NOLONGERI	ENADLOVED BY VOLL	ADJEASE ALSO COMPLE	TT CALADVIA	IFORMATION DELOVA		
REASON FOR I		(PLEASE ALSO COMPLE	LIE SALAKT II	VPORIVIATION BELOW)		
WOULD YOU F	REHIRE? COMM	1ENTS:				
[]YES []No	0					
	MPLOYED BY YOU:					
PROBABLILITY	OF CONTINUED EM	1PLOYMENT	PROBABL	ILITY OF PAY INCREASE		
STABILITY. IS F	POSITION NORMALL	Y SUBJECT TO	IF SO, WI	IAT IS AVERAGE NUMBI	ER OF MONTHS V	VORKED PER YEAR?
LAYOFFS? COMMENTS:						
COMMENTS.						
Base Pay \$	[] Per Week [] Bi-Week	Other Earnings During Last 12 Months	Overtime	Commissions	Bonus	Profit sharing
	[] Bi-Month					
EARNINGS LAS	ST CALENDAR YEAR			Base Pay	Other Earnin	gs
				\$	\$	
EARNINGS YEA	AR TO DATE AS OF _			Base Pay \$	Other Earnin	gs
OTHER PAY OF	R COMPENSATION I	NOT SPECIFIED ABOVE		Į Ť	T	
OMPLETED BY			TITLE		DATE	

# TOWN OF EASTON MARYLAND – AFFORDABLE HOUSING PROGRAM MORTGAGE VERIFICATION

NAME & ADDRESS OF APPLICANT		PROGRAM CASE NO. DATE		
		ADDRESS OF MORTGAGED PROPERTY		
NAME & ADDRESS OF MORTGAGE		The undersigned has applied for a loan through the TOWN		
		EASTON AFFORDABLE HOUSING PROGRAM – SINGLE FAMILY		
		HOUSING RENOVATION PROGRAM and has authorized TOE		
		obtain certification of all existing mortgages secured to the		
		property. The information requested is for the confidential	use	
MORTGAGE ACCOUNT No.		of this Department.		
DATE OF MORTGAGE	ORIGINAL AMOUNT	TYPE OF MORTAGE		
	\$	[] CONVENTIONAL [] 1 <sup>ST</sup> MORTGAGE		
		[] FHA [] 2 <sup>ND</sup> MORTGAGE		
DATE OF MATURITY	DDECENT DALANCE	[] VA		
DATE OF MATURITY	PRESENT BALANCE	ARE PAYMENTS CURRENT? [] YES [] NO		
		IE NO state:		
MONTHLY PAYMENT:		IF NO, state:  AMOUNT IN ARREARS \$		
PRINCIPAL & INTEREST	\$	AIVIOONT IN ARREARS \$		
MORTGAGE INSURANCE PREMIUM \$		PERIOD \$		
REAL ESTATE TAXES	ć	- TEMOD		
	\$			
FIRE INSURANCE \$				
GROUND RENT, CONDOM & Other FEES	IINIUM			
	UTC	<del>-</del>		
TOTAL MONTHLY PAYMENTS		State the amount of termination fee or repayment penalty		
REMARKS		upon full repayment of the loan		
		c c		
I AUTHORIZE THE MODEO	AGEE TO FURNISH TO THE AGENCY I	→ DENTIFIED BELOW THE INFORMATION REGARDING THE		
MORTGAGE IDENTIFIED A		SENTITED BELOW THE INFORMATION REGARDING THE		
WORTONGE IDENTIFIED A	50 v 2.			
DATE SIGNATURE				
THE ABOVE INFORMATIO	N IS FURNISHED IN STRICT	RETURN TO: Susan Filbird		
CONFIDENCE IN RESPONSE TO YOUR REQUEST.		14 S. HARRISON STREET		
		P.O. BOX 520		
DATE	SIGNATURE	EASTON, MARYLAND 21601		
	TITLE			



# **TOWN OF EASTON**

P.O. Box 520 Easton, Maryland 21601

# **CERTIFICATION OF ASSETS**

sav oth	eed Twenty Thousand Dollars \$20,000. Assings accounts, stocks and bonds, other bank	(applicant) attest that I do not have assets that ets include but are not limited to; cash, checking and accounts, CD's, cash value life insurance policies and nent Accounts, IRA's and 401k's with a value in exces
	Signature	-
	Printed Name	-
	Signature	
	Printed Name	
	Date	<del>-</del>

# REQUIRED DOCUMENTATION FOR RENOVATION PROGRAM APPLICATION

Completed Application
Employment Verification form for each household employed person.  Note; household income would include the annual income for all parties listed on the property deed plus all occupants of the property (18) eighteen years of age and over.
Award letter ~ if your income is from Pension, Social Security or Public Assistance
Certification of Assets
Most recent (2) two years of Federal Tax Returns
Most recent (3) three years Federal Tax Returns ~ if you are self employed
Copy of the Deed to your property or the Title to your home if Ground Rent
Copy of Your most recent Property Tax Bill and Assessment
Mortgage Verification form or Current Monthly Statement from all outstanding
mortgage companies
Copy of the Declarations page of your Home Owners Insurance (if applicable) Flood
Insurance Policies
Lead Based Paint Notification with your signature and date
Current Checking and Savings Account Statements